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THE CASE OF THE LATE DR. HENRY PRATT, OF LANESBORO'.

BY FRANK K. PADDOCK, M. D., PITTSFIELD.

DR. HENRY PRATT was born September 28, 1820, in Lanesboro'. He lived at home until he was twenty-one years old, spending his time in acquiring an education and attending to the duties of the farm. When he arrived at the age of twenty-one he chose the profession of medicine for his life-work, and became the student of Dr. Griswold, of Lanesboro'. About one year afterward he went to Pittsfield and completed his studies under the direction of Dr. Henry Childs, graduating at the Berkshire Medical College in November, 1845. He first began the practice of medicine in Nassau, N. Y., where he remained a short time, and then removed to Becket in this State, where he spent two years. From Becket he removed to Ravenna, Ohio, where he soon acquired a large and lucrative practice in both surgery and medicine. At this place he became affected with the malaria of the region, and ultimately had chills and fever, attended with congestion of the lungs, and a long illness ensued, which determined him, after a residence of ten years in Ohio, to return to Lanesboro' for a time, in order to regain his health. He effected the change in the spring of 1857, with the happy result of complete restoration to health, and for the last twenty years his residence has remained unchanged. In 1862 he became a member of the Massachusetts Medical Society, and has since filled various offices in this district society.

Dr. Pratt's last illness was occasioned by a fall which he received in the latter part of last January as he was leaving the house of one of his patients. He slipped upon an icy door-step, and fell heavily, striking the back part of the right hip upon the edge of the stone step. The shock was quite severe, and he felt stunned for a moment, but he soon was able to get up and walk to his horse. When he got home in the evening he found upon examination that he had suffered a contusion where he had struck upon the stone, and that the skin was ecchymosed for quite a distance up the back. The injury was not, however, sufficiently severe to prevent him from attending to his daily routine of practice. On the 8th of February, ten days after the fall, he came to my office for advice, and Dr. Adams and I examined him. We found a bruise upon the right hip, about midway between the sacrum and the trochanter major, and underneath was a large fluctuating mass, into which we made an incision about an inch in length, evacuating six or eight ounces of bloody serum. There was present very slight tenderness in the region of the swelling, with some induration remaining after the removal of the effused serum. There was no tenderness, pain, nor lameness of the back. We advised the doctor to go home and keep quiet for a time, until the parts had recovered from the injury, but he expressed his determination to go that afternoon to Cheshire to see a patient, and in fact attempted to do this, but he felt so poorly that he finally gave it up, drove home, and went to bed. I did not hear from him again for ten days. Then I found suppuration established and healthy, laudable pus discharging from the incision. An examination of the wound with the probe proved that the suppurating cavity extended longitudinally up the back underneath the skin and fascia about six inches, or nearly to the crest of the ilium, and laterally about four inches from the spinous processes outward. He was confined to his bed; had no pain; but his temperature was 103° F., pulse 90 to 100. No appetite, some nausea. Bowels and kidneys acting quite naturally. Through March and April he continued about the same, the wound discharging freely a thin, watery pus, without unusual odor. In the latter part of April, the incision through the skin having partially healed, so as to prevent the free escape of pus, with the advice and assistance of Dr. Smith, of Pittsfield, I gave him ether and enlarged the incision to about four inches, and made a thorough examination of the cavity of the abscess, without, however, discovering any diseased bone or inflamed periosteum. Subsequently to this the cavity was injected with a solution of carbolic acid, diluted tincture of iodine, and weak solution of bromine, and he improved in general health, so that he drove out, and finally in June visited patients. He came to Pittsfield, and was about for several weeks. Exertion fatigued him very much, and he was obliged now and then to lie down and rest while making his round of visits. In the latter part of June, after getting very much fatigued one day, he had a severe attack of sciatica in the left leg, which, however, yielded in a few days to anodyne treatment, but he did not get sufficiently strong or gain enough vigor to go about again, although he sat up and walked round the house more or less. Toward the end of September he had another severe attack of neuralgia in the left sciatic nerve, and he reluctantly consented to take ether again and have the cavity of the abscess entirely exposed by an incision about six inches in length, extending from the original opening obliquely upward to its upper extremity, over the spine. This exploration had been advised and urged before, but the doctor resolutely declined to have it done until now. Accordingly the operation was performed on the 9th of October. The cavity of the abscess was found to be in a very healthy state, but there was an entire absence of granulation. At the upper end of the abscess, opposite the first lumbar vertebra, to the right of the spinous process, pus was discharged freely through two openings, into each of which the probe passed two inches above and below the transverse process, alongside of the body of the vertebra, and came in contact with bare bone. A few days previous to this an indurated lump appeared on the left side of the abdomen, just inside the superior spinous process of the ilium. This hard mass increased in size, extended upward toward the ribs and outward around the left lumbar region in the direction of the spine. Finally deep fluctuation was detected, and on the 24th of October an incision was made through the abdominal wall, just above the crest of the ilium, and twenty-two ounces of fœtid, dark, watery pus were evacuated. The probe, carried through the incision, extended six inches into the cavity before reaching the bottom. For nine months the doctor had been failing, excepting for two or three weeks in June. He had become very much emaciated, and required gradually increasing doses of anodynes to secure sleep. Ferruginous and bitter tonics had been administered as constantly and regularly as he would take them, but he failed more rapidly after the abdominal abscess was opened, and died on the 9th of November.

On the following day a post-mortem examination was made in the presence of Drs. Smith, Roberts, and Adams, of Pittsfield, and Dr. William Paddock, of Lanesboro', physicians who had been associated with me in the treatment of the case.

We found a large psoas abscess on the left side of the abdominal cavity, occupying the left pelvic cavity, extending under Poupart's ligament down to the insertion of the psoas muscle. On the right side was a lumbar abscess, which extended from the right sacro-iliac synchondrosis between the peritonæum and the lumbar muscles up to a level of the second lumbar vertebra, and discharged through two openings on the right side of the two lower vertebræ, communicating with the abscess upon the back. There was no communication between the abscesses of the two sides. There was adhesion of the peritoneal surfaces over the lower part of the descending colon, and an attempt at ulceration at one point.

Both the abscesses evidently were caused by disease of the lower lumbar vertebra, which was in a state of necrosis. The transverse, articular, and spinous processes were in many places bare of periosteum. In others the periosteum was easily stripped off, and the intervertebral substance, both above and below, was easily detached. The sawed surface of the body, when divided, was dark in color, and had the appearance of dead bone. The articular processes of the third and fourth lumbar vertebræ and the transverse processes of the fourth were carious. The spinous processes of the third and fourth lumbar and of the three upper sacral vertebræ were also carious. We supposed that the carious condition of these processes was caused by the irritation of the pus contained in the lumbar abscess, which came in contact with them.

The doctor never had any pain in his back, and when he was told that the vertebræ were undoubtedly diseased remarked that he could not believe it possible, as he had never felt any distress in his spine.

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THE METRIC SYSTEM IN MEDICINE AND PHARMACY.[1]

BY T. B. CURTIS, M. D.

WE are all sufficiently familiar, in a general way, with the advantages claimed for the metric system of weights and measures. These, briefly enumerated, are: uniformity; simplicity; the decimal character; the fact that the various units have definite and readily apprehended relations to each other; a nomenclature which is self-defining and expressive of values; and, finally, security, the base being unalterable.

We also know the objections which have been raised against the proposed introduction of the metric system, and we have probably all been struck by the trivial and irrelevant character of several of them. The only objection which appears to me to possess any weight at all is one upon which our opponents habitually lay but little stress; yet it must be admitted that it has great force and deserves very careful consideration. I refer to the trouble and labor unavoidably attending any change of weights and measures. Routine, proceeding from traditions and habits of long standing and of numerous and complex ramifications, is firmly established. Is it worth our while to try to overcome the inertia of this routine? What are the inducements for us, whose main interest in the question is connected with the handling of drugs, to take a leading part in the proposed reform? In answer to this question I intend to pass in review, from the stand-point of the physician, certain advantages which can be claimed for the new system, and also to consider certain objections which have been brought forward by physicians against it.

First, it should be understood that the adoption of the metric system as used in Europe involves two separate and wholly independent innovations, consisting, primarily, in the substitution of a new system of weights and measures, with its nomenclature, for our present system; and, secondly, in the substitution of gravimetric methods for the system, partly gravimetric and partly volumetric, now in use.

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[1] Read before the Suffolk District Medical Society, March 31, 1877.

With regard, in the first place, to the new system of weights and measures called the metric, this system recommends itself by several manifest merits. The advantage of uniformity with the usages established among physicians in other countries is self-evident. In Germany and in France, which are, of all countries in which the English language is not spoken, those whose medical literature is most valuable to us, the metric system is used. In England weights and measures of the same names as ours are used, but they have different values; moreover, the English method of dealing with liquids is somewhat different from ours. All German, French, and English pharmaceutical formulas have therefore to undergo a process of translation, involving not only different weights and measures, but different methods of handling liquids, before they can be rendered available for use in this country. The adoption of the metric system, then, would bring us into agreement with the majority of civilized countries, while now we agree with none.

The metric system offers another advantage in that it provides denominations of weight applicable to the smallest quantities which the physician or the pharmacist can be called upon to prescribe or dispense. The advances achieved in chemistry and in therapeutics have provided a number of powerful drugs of which the doses are so minute as to oblige us to have recourse to very small fractions of our smallest unit of weight. The grain, which was suitable for dealing with the less powerful drugs formerly in use, is far too large a unit for the alkaloids and glucosides which modern chemistry has added to our materia medica. For handling these the centigramme and the milligramme of the metric system are eminently suitable.

Perhaps, however, the greatest advantage of the metric system accrues from the decimal character of its divisions. Some mathematicians have, I believe, asserted, on what to most of us must seem somewhat transcendental grounds, that the decimal system offers in itself no real advantage; that it has no *raison d'être* based upon any intrinsic properties of numbers or upon any mental attributes of mankind. This might possibly be true had other systems of numeration than those with which we are familiar originally been adopted. As a fact, however, our arithmetic is decimal. We count by series of tens, and higher and higher powers of ten constitute successive series of units. Hence the facility of decimal arithmetical operations. In the metric system, of which the divisions also proceed by series of tens, we change from one denomination to another, multiplying or dividing by ten, by one hundred, etc., by simply moving the decimal point to the right or to the left.

Another important advantage growing out of the arithmetical simplicity of a decimal division of our weights and measures is the readiness with which we should be enabled to appreciate quantitative ratios in our formulas and in the resulting pharmaceutical preparations. A few examples will suffice to make clear the difference in this respect between the old and the new system.

To illustrate, in the first place, the complexity and tediousness of the arithmetical processes involved in the use of our present method, and to show the difficulty of rapidly apprehending quantitative ratios, let us take the *mistura glycyrrhizæ composita*, or "brown mixture," of our Pharmacopœia. It contains the following ingredients: licorice, sugar, and gum arabic, of each ℥ss.; of camphorated tincture of opium, f℥ij.; of wine of antimony, f℥i.; of spirits of nitrous ether, f℥ss.; of water, f℥xii. The dose for an adult is a tablespoonful, for a child two years old a teaspoonful. Now, what are we giving with these doses? I once took the trouble to make the calculations, and found that a tablespoonful, equaling five drachms, contained: (1) of paregoric about ♏xxxv., which by another similar calculation I found was equivalent to gr. $\frac{1}{8}$ of opium; (2) of wine of antimony, ♏xviii., which yet another calculation showed to contain gr. $\frac{1}{14}$ of tartar emetic. The other ingredients, being of no consequence medicinally, need not be estimated. Now these calculations, which are indispensable if we wish to know how much opium and how much tartar emetic our patient is getting with his repeated spoonfuls of brown mixture, are quite troublesome to make, and the results are difficult to remember. A similar task has to be performed in magistral prescriptions, when, instead of making out the value of the single dose of a complex and voluminous preparation, we proceed from the single dose with a view to formulating a mixture or pilular mass which shall be taken by repeated single doses, and last a stated time.

To illustrate the simplicity of metric formulas, on the other hand, let us take the *liquor hydrargyri bichloridi*, or *liqueur de Van Swieten* of the French codex. This solution contains: of the bichloride of mercury 1 gramme, or part, or unit of weight; of rectified spirit, 100 grammes, or parts; of water, 900 grammes, or parts. The liquid consequently contains one thousandth of its weight of the bichloride, and 5 grammes, the approximated value of a teaspoonful, contain 5 milligrammes of the drug.

Fowler's solution of arsenite of potassium, as formulated in the French codex, contains: of arsenious acid, 5 grammes; of carbonate of potassium, 5 grammes; of distilled water, 500 grammes; of alcohol, 15 grammes. After certain manipulations, comprising boiling, water is added to replace that lost, so that the whole weighs exactly 500 grammes, and thus contains one hundredth of its weight of arsenious acid. Of course the value in arsenious acid of any quantity by weight of the liquid is easily recognized.

One more example: let us take a magistral formula, the *sirop de*

Gibert, or syrup of iodurated biniodide of mercury, a most valuable preparation. It contains: of the biniodide, 1 gramme; of iodide of potassium, 50 grammes; of water, 50 grammes, to which are added 2400 grammes of syrup of a certain specific gravity. The ratios involved are very simple, and we see at a glance, and remember with almost equal facility, that a tablespoon, holding 25 grammes of syrup, must contain one centigramme of the biniodide and 50 centigrammes of iodide of potassium. If now we should wish to formulate an analogous eight-ounce mixture we should find the necessary computations very tedious and difficult to perform accurately when in a hurry.

Our present system, then, is exceedingly complicated and difficult to manage in prescribing, in consequence of the absence of decimal divisions, and in consequence of the constant *changes of denomination* which result from processes of multiplication and division. One result, I believe, of this complexity of our system of weights and measures is the inordinate use in this country of *officinal*, in preference to *magistral*, or extemporaneous preparations. Many of our officinal remedies, to which we so largely resort, are complicated preparations, which have been elaborated at leisure by skillful and ingenious pharmacists, or by physicians of by-gone days, anterior to the time of rational therapeutics. These formulas, often embodying in one preparation such a number of active ingredients as to render it difficult or impossible to discriminate their effects upon the patient, are for the most part relics of an irrational and obsolete polypharmacy. Other analogous formulas are to be found scattered through text-books and treatises of theory and practice under the heading of "treatment." By many young physicians and students such formulas are copied out in memorandum-books, or learned by heart, and are used in a routine way, as if they represented simple drugs. Of course, when such habits of routine practice prevail, any advance in rational therapeutics is almost out of the question, and that self-education which should constantly be the chief object of our therapeutics, after the benefit which we hope to confer upon the patient, is rendered difficult or impossible. Judging from the almost entire absence of such therapeutical formulas in text-books and treatises devoted to the instruction of French and German students and physicians, little or no assistance of this kind seems to be needed by them. If, now, magistral preparations were more extensively used, as would undoubtedly be the case if our system of weights and measures were easier to manage, then comparatively simple formulas would be readily improvised to meet the varying exigencies of individual cases, the tendency to polypharmacy would be diminished, the study and practice of rational therapeutics would be facilitated, and last, not least, the extensive use of patent medicines by physicians, which is the opprobrium of the medical profession of this country, would be lessened.

The second innovation comprised in the adoption by physicians of the system used in Continental Europe is the use of ***gravimetric methods only***, for liquids as well as for solids. This is not an indispensable feature of the metric system, since the latter affords volumetric measures, decimally divided and having definite relations to the metric weights, which might with advantage be substituted for our present incongruous fluid measures. This innovation is, moreover, one which threatens to offer considerable difficulties and to meet with great opposition among physicians. If, then, it should appear likely to prove impracticable to bring about this change we might for the present content ourselves with the simple substitution of metric weights ***and measures*** for those now in use.

But there can be little doubt that we shall in time generally recognize the intrinsic advantages of the gravimetric measurement of liquids, as well as the extrinsic advantage of conformity in this matter with European practice; and it may perhaps prove easier, if we are going to undertake any change in our system of weighing and measuring, to make it completely, once and for all.

The present state of the matter as regards the handling of liquids is as follows: while in England all solids are prescribed and dispensed by weight and all liquids by measurement, and while in all other countries solids and liquids alike are weighed, among us not only solids but also certain liquids, namely, acids, oils, honey, and chloroform, are ordered and dispensed by weight, other liquids being ordered by measurement.

What, now, will be the advantages and what the obstacles to the introduction of the gravimetric method for both solids and liquids? The first advantage to be looked for is conformity with the practice of all the nations which have adopted the metric system. The second and more important advantage lies in the greater accuracy in dispensing attainable by means of the gravimetric manipulation of liquids. Professor Maisch, after alluding to the frequent inaccuracy of the graduated measures now in use, to the difficulty of correctly reading the level of the liquid against the engraved scale, and to the additional uncertainties due to volatility and adhesion, says: "The greater convenience and correctness of weights have long since been recognized in the wholesale trade. Our Pharmacopœia even recognizes the correctness of this fact by having changed, in the last two revisions, all measures of the liquid acids, of chloroform, olive oil, and honey into weights. If these liquids are more conveniently and correctly handled by weight, why not likewise glycerine, syrups, tinctures, ethers, etc.?" He adds: "The dispensing of liquids by weight offers for all the reasons advanced by far greater accuracy than could be attained by measures."

Leaving, however, the facilitation of exact dispensing, which is a subject on which I am not qualified to express an opinion, I think there can be little doubt about the greater accuracy of prescriptions in which the quantities of all the ingredients, liquid as well as solid, are expressed by weight. A solid dissolved is a liquid, whose density, and consequently whose exact bulk, we cannot readily ascertain. As Professor Maisch observes, solids dissolved in liquids add to the bulk of the latter. Moreover, certain liquids when mixed together contract, as is the case with alcohol or concentrated acids mixed with water. I think also that it is easier to recognize the ratio of a dissolved solid ingredient to its vehicle (whether the latter be water, syrup, or alcohol) when both are weighed than when the solids are weighed and the liquids measured, as in the *mistura glycyrrhizæ composita*, which was taken as an instance of our present way of dispensing.

The great difficulty which stands in the way of this innovation is that we have all contracted the habit of estimating liquids by measurement alone, and of remembering doses by bulk. We know for distilled water only the exact equivalence of our fluid measures in grammes; and unless we ascertain by experiment, or by calculation based on the knowledge of the specific gravity, the value in grammes of our present fluid measures (drachms and ounces) for every liquid, or at least for certain types of liquids, we shall have to treat all liquids by weight on the erroneous assumption that they have the same specific gravity as water.

The former solution of the difficulty is of course the correct one, and in due time we shall get to know all doses by weight, as we now know them by bulk. In furtherance of this end it is desirable that tables be constructed as soon as possible giving the value in grammes of the fʒ or f℥ of certain important liquid drugs (for example, *extract. ergot. fluid.*), as well as of certain types or categories of liquids, such as aqueous, alcoholic, and syrupy liquids. Future editions of the Dispensatory ought to give the corresponding values of every liquid by measurement and by weight in grammes.

But if, at present, instead of using metric measures of capacity for liquids, as has been proposed and is certainly feasible, we were to consider the fluid drachm of all liquids as equivalent to 3.69 grammes, this being the weight of one fluid drachm of distilled water, what would be the possible extent of the error involved? The inaccuracy of such a way of proceeding has been made a great "bugbear" by the opponents of the metric system. Lists of liquids of different densities have been gotten up, headed by ether, whose specific gravity is 0.728, and ending with chloroform, whose specific gravity is 1.490, water at 1.000, and syrups, from 1.310 to 1.320, coming between. The difference between the extreme specific gravities is as one to two, and a corresponding degree of inaccuracy in prescriptions has been predicted.

As a fact, however, neither ether nor chloroform is ever given in bulk or pure, unless it be by drops. Tinctures differ but slightly in specific gravity from water; aqueous solutions vary from 1.000 upwards, syrups at 1.320 representing the maximum specific gravity. The heaviest fluids, namely, syrups, rarely contain powerful drugs, and are hardly ever given pure, being chiefly used for the purpose of imparting flavor. If, now, we should treat syrups as if of specific gravity 1.000, and assume the fluid drachm to weigh 3.69 grammes, the inaccuracy, as regards the amount of syrup alone, amounts to about twenty-five per cent.; but in mixtures, into which syrups rarely enter in greater amount than one fifth of the whole, the inaccuracy would amount to four or five per cent. only of the whole mixture.

Now this inaccuracy, which could easily be reduced to a much more insignificant error, if not altogether annulled, by making a slight allowance for liquids heavier than water, has been held up as an insuperable objection to the substitution of the gravimetric method for the volumetric measurement for liquids. It seems to me, however, that those who urge this objection are claiming for their therapeutical operations a degree of accuracy which is rarely or never realized in practice.

It has been shown most clearly by Professor Maisch and by other authorities that the system actually in use involves a considerable degree of inaccuracy in the *prescription* and in the *dispensing* of medicines. There is a further and still greater margin of inaccuracy in the *administration* of medicines, owing to the false estimates in vogue with regard to the value of spoonfuls and drops, in which forms our drugs finally reach the patient.

A tablespoon is commonly supposed to contain half an ounce; it really contains nearly six drachms, almost half as much again. A teaspoon, estimated to hold a fluid drachm, or sixty minims, really holds eighty minims, or one third as much again. A drop, supposed to be about equal to a minim, has values varying between a quarter of a minim and one minim and a quarter, the variation being as one to five! The number of drops to a fluid drachm is with some fluids as low as forty-four, and with others as high as two hundred and seventy-six, if counted from a minim measure; if counted from a bottle, on the other hand, some liquids give only forty-five drops to a fluid drachm, while others give as many as one hundred and eighty. For the same liquid the variation is often as two to three, according as the drops are counted from a bottle or from a minim measure. Thus a drachm of *tinctura opii* gives one hundred and forty-seven drops from a bottle and one hundred and six drops from a minim measure; while a drachm of *tinctura ferri chloridi* gives one hundred and six drops from a bottle and one hundred and fifty-one drops from a minim measure. Yet, notwithstanding the great inaccuracy of this mode of measurement, drops are everywhere used in the prescription of the most concentrated and powerful liquid remedies, — such as, among others, tinct. digit., tinct. bellad., tinct.

veratri viridis, tinct. aconiti radicis, acid. hydrocyan. dilut., liquor potassii arsenitis, etc. The danger of such grossly inaccurate measurements is obviated by the simple expedient, universally adopted, of giving in every case small initial doses, which are gradually increased till the desired effect is attained, the final maximum dose in each case depending upon the quality of the drug and the susceptibility of the patient.

Thus we see that numerous causes of error beset our therapeutical operations in each of the necessary steps, as follows: (1.) *In prescriptions*, in consequence of the miscalculation of bulk when solids by weight and liquids by measurement are mixed. (2.) In *dispensing*, through the inaccuracy of graduates, the difficulty of reading correctly, volatility, adhesion, etc. (3.) In *administration*, in consequence of the prevailing erroneous estimates of spoonfuls and drops. I therefore venture to assert that the margin of inaccuracy is so great as to render insignificant a possible error of five per cent., due to the variations of specific gravity.

I believe, then, that the inaccuracy involved in neglecting, *for the present*, the differences of specific gravity of the various liquids would be more than compensated by the increase of accuracy which would accrue (after correction of our false estimates of the value of spoonfuls) from the substitution of the gravimetric handling of liquids for the mixed system, partly volumetric and partly gravimetric, now in use.

For all the reasons advanced I believe that the adoption by the medical profession of the metric system, as used in France, in Germany, and in many other countries, would be a most desirable consummation, and that it is expedient for us as physicians to make every effort to bring about this change.

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TWO CASES OF OBSCURE DISEASE, WITH AUTOPSIES.[1]

BY H. R. HOPKINS, M. D., BUFFALO, NEW YORK.

Case I. I was called February 19th of the present year to see Mrs. P., aged sixty-three, a lady whom I had attended for nearly ten years. She complained of pains in the bones, loss of appetite, slight thirst, sluggish bowels, high-colored urine, increased heat, and restlessness. She was a person somewhat inclined to be indulgent in eating, and accustomed to little or no active exercise.

I saw nothing in the case which differed from her appearance on various former occasions, prescribed, and left, not expecting to call again unless sent for. I was summoned on the fourth day, and found my patient still in bed, a fact which she accounted for by stating that her stomach did not seem to get quite right. She had no appetite, was thirsty, and had occasional vomiting and considerable pain, which she referred to the region of the liver. The bowels and kidneys seemed to be acting naturally.

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[1] Read before the Medical Club, October 31, 1877.

From this time I made daily visits, and at the end of a week I noted that the condition of the stomach was not particularly changed, the attacks of pain were more severe, the site remaining the same, and that there was well-marked jaundice. Decided corpulence rendered physical examination of the abdominal viscera practically useless, but the hepatic region was somewhat tender on deep pressure. There was no abnormal heat, and the pulse stood daily at 80 per minute.

During the following three weeks I noted no marked change from the above condition, save an increased irritability of the stomach and a slight increase in the severity of the pain; the evacuations of the bladder and bowels showed the well-marked characteristics of jaundice.

In fact, from this time until her death, March 28th, no new symptoms appeared, the bowels moved quite regularly, and there was no diarrhœa at any time. The mind was clear and moderately active, the jaundice was intense, and the stomach would take only small quantities of the most bland of liquid foods. During the last fortnight anodynes were constantly required to give relief from pain, which was always referred to the region of the liver. Death was evidently due to asthenia, but hardly to inanition.

The autopsy was made by Dr. Bastow, under the observation of Drs. Buswell, Folwell, and myself.

The gall-bladder contained one hundred and eight gall-stones and a quantity of semi-fluid bile; its entire inner surface was the seat of ulceration, which extended along the evacuant ducts to the duodenum, and upwards to the pylorus. The ulcerated portions of the duodenum and pylorus were much thickened by interstitial material, and were surrounded by inflammatory deposits.

CASE II. Early in July last I was called to see Mrs. S., aged sixty-five, and found her anxious to be relieved from a pain which for some time had been in the habit of coming in her epigastrium, particularly if she ate any rather hearty food or allowed the bowels to become constipated, as they were rather inclined to do. From the absence of all constitutional symptoms the disease was thought to be a digestive trouble, and was treated accordingly. From that time until October 23d, when she died, I was in attendance, and observed a train of symptoms which followed very closely those seen in the case of Mrs. P. The differences in the cases will take less space to note than the agreements, and they were: The jaundice in Mrs. P. came on in the second week, and was marked and constant to the end. In Mrs. S. the jaundice appeared in the second month, and was not quite as marked in degree. The invasion in Mrs. P. was abrupt, and marked with considerable constitutional disturbance. In Mrs. S. it was insidious, the patient being about the house for weeks. The pain in Mrs. P. was referred to the hepatic region; in Mrs. S. the seat of the pain was not well localized, but it would come in any part of the upper portion of the abdomen. The bowels in Mrs. S. were quite constipated, some form of laxative being used during the whole treatment; in Mrs. P. they gave little or no trouble. Aside from the above-mentioned points the two cases presented a very close parallelism, and the latter was constantly reminding me of the former.

On October 26th I made a post-mortem examination of Mrs. S., assisted by Dr. Folwell. We found cancer of the mesentery, with numerous metastatic deposits in the liver and spleen. The duodenum at the point of entrance of the ductus choledochus was embraced by a cancerous mass, whereby the calibre of the gut was almost, and that of the duct was entirely, obliterated.

These cases are of interest for various reasons. Fatal ulceration from gall-stones in the gall-bladder is not common, and the clinical history of such a case is a small but not unimportant addition to our stock of accurate knowledge, or, to speak more scientifically, to our stock of highly systematized facts. The same remarks will apply with equal force to cancer of the mesentery. Again, the cases are interesting in their similarity, and still more so in their diversity.

It is now easy to account for both the similarity and the diversity. The former would naturally result from the fact of the same tissues and functions being concerned in each case, while the latter corresponds to the difference in the processes at work in those tissues.

RECENT PROGRESS IN DERMATOLOGY.

BY JAMES C. WHITE, M. D.

Molluscum Contagiosum. — In a long article[1] upon this subject Dr. Kaposi, of Vienna, discusses the nature of all the varieties of this growth, excepting m. fibrosum, and presents his views in the following conclusions: —

(1.) The contagiousness of the so-called molluscum contagiosum has not yet been proved, and does not in his opinion actually exist. The name m. contagiosum should therefore be stricken from nomenclature.

(2.) The so-called m. contagiosum of Bateman and the (pock-like) m. contagiosum of recent authors are equivalent anatomically, and both belong to the sebaceous system: that of Bateman to the sebaceous gland especially, the pock-like one to the common opening of the sebaceous and lanugo hair follicle in the beginning, and later to the gland lobules also.

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[1] Vierteljahresschrift für Derm. und Syph., iv. Jahrg., 3 Heft.

(3.) For the latter reason the name adopted by Hebra, molluscum sebaceum, should be applied to both forms.

(4.) Although both kinds often occur together, yet they often also show themselves in preponderance or exclusively in one or the other clinical form, so that he prefers to recognize that of Bateman, representing the stalggeschwülst, atheroma, sebaceous cyst, under the name of molluscum atheromatosum, and to call the pock or wart like form molluscum verrucosum.

He regards the peculiar, large bodies found within them as epidermal cells with modified protoplasm, and states that the same cells are found in other growths.

Phosphorescent Sweat. — Professor Panceri, of Florence, communicates [1] to the medical society of that city the occurrence of phosphorescent sweat in a physician who was made ill after eating fish. He found by experimenting that patients, after eating the fat of Mediterranean fishes known to be phosphorescent, excreted a perspiration which was luminous in the dark. Another physician stated that he had observed the same phenomenon in patients with miliaria without knowing the cause.

Recent investigations by Dr. E. Pflüger [2] with phosphorescent fish show that the phenomenon never occurs while the fish is absolutely fresh. When the animal is preserved in a cool cellar, immersed in a three per cent. solution of common salt, the phosphorescence begins on the second evening about the cavities of the eyes, and slowly spreads over the whole surface, increasing daily until decomposition sets in, when it gradually ceases. It occurs only on surfaces exposed to the air. A fresh-water fish was cut in two pieces, and these were placed in separate vessels, in salt water. In one of them water from a vessel containing a phosphorescent sea-fish was sprinkled. This half after two or three days became phosphorescent, the other half remained absolutely dark. The matter scraped from the luminous surfaces, a whitish mucus, was found to contain numerous forms of schizomycetes. The phosphorescence is very faint, and can be perceived only by retinæ made sensitive by darkness. It has been detected in the urine as well as in the sweat, and seems, therefore, to depend upon the oxygenation of these living forms.

Quinine Efflorescence. — Köbner reports [3] two cases of erythematous eruption, resembling that of scarlet fever, affecting the head, neck, and extremities after moderate doses of quinine. The eruption was preceded by gastric disturbance and by chills and febrile reaction. Upon the legs the efflorescence was papular and tubercular in form. The attack was repeated after two distinct administrations of the drug, and the eruption lasted in proportion to the amount taken.

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[1] La France médicale, March 31, 1877.

[2] Pflüg. Archiv, xi. 222.

[3] Berl. klin. Wochenschrift, No. 22, 1877.

La Dartre. — In a lecture upon this figment of French imagination Dr. Guibout states[1] that the existence of *la herpétis*, as he prefers to call it, is generally accepted to-day by all dermatologists except Pidoux and Hebra (?). He has added a new element to its nature, that of spermatic impregnation. In other words, it may be communicated from man to woman "in the same way as tuberculosis, scrofula, and syphilis," through coition, by the conveyance of a germ of the diathesis. The chief objection with everybody out of France to "la dartre" has been that there was nothing in it but the name. It may be thought by some that M. Guibout has now added substance as well as a new title.

Pathology of Herpes Zoster. — Dr. G. H. Rohé, of Baltimore, objects[2] to the removal of this affection from the position assigned to it by Hebra, among the acute exudative dermatoses, to the neuroses, and claims for it a relationship or analogy to the specific eruptive fevers upon the following grounds: (1.) The strictly self-limited character of the disease, and its tendency to spontaneous recovery after a slightly varying duration. (2.) The constant occurrence of more or less well-marked prodromic symptoms. (3.) The character which it possesses with the other specific diseases, of occurring but once (generally) in a life-time. (4.) The uselessness of attempts to "cut short" the disease by therapeutic measures. And (5) the well-attested quasi-epidemic character of its prevalence at times. He believes that its essential nature is to be sought beyond the structural lesions in the spinal ganglia; that these alterations in the nervous and cutaneous systems are only the results of a previous blood infection. The unilateral character of the affection he does not attempt to explain or to reconcile with these views. If we accept them in the main we may still believe that the cutaneous manifestations are directly due to the preceding changes in the nerve ganglia from which the districts affected receive their nerve supply, just as similar forms of cutaneous lesions are produced by traumatic injury of nerves.

Pityriasis Rubra. — Dr. Hinton, of Philadelphia, reports[3] three cases of some disease of the skin under this title, which disappeared rapidly under treatment, and states that the physician under whose charge the patients were knew two or three families of which several members were affected in the same way. Pityriasis rubra of Hebra is so rare a disease that he had seen but three cases at the time of publication of his book, and these were all fatal. Whose pityriasis rubra is meant in this article is not apparent from the descriptions furnished, — certainly none known to ordinary observers.

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[1] L'Union médicale, July 28, 1877.

[2] Archives of Dermatology, vol. iii., No. 4.

[3] Philadelphia Medical Times, September 15, 1877.

Chrysophanic Acid in Psoriasis. — Dr. Will, of the Aberdeen Royal Infirmary, reports [1] a case of universal p. punctata, nummularis, etc., in which an ointment of chrysophanic acid, fifteen grains to an ounce of lard, was rubbed into the skin night and morning. The scaliness of the patches disappeared in a few days, and in three weeks the skin presented a perfectly healthy appearance. The caution is given that the substance stains the clothing of a permanent purple color, as it does the skin temporarily.

The Relations between Eczema and Psoriasis. — Dr. Campbell, of New York, believes that these affections are intimately related, and states [2] the grounds of this belief to be that, —

First, we not unfrequently meet with cases in which the two diseases coexist.

Second, a person may have an eczema at one time, and be subject to psoriasis at another period.

Third, the tendency to gout and rheumatism which exists in eczematous and psoriatic patients.

Fourth, the derangements to which the urine is subject in both diseases.

Fifth, the debilitated state of the health sometimes seen.

Sixth, the hereditary natures of the two diseases.

Seventh, their constitutional nature.

Eighth, their symmetrical development.

Ninth, their proneness to recur, and their chronicity.

That eczema and psoriasis are properly placed in the same class of inflammatory or exudative diseases there can be no question; that some cases of chronic eczema and psoriasis look very like each other there is no doubt; that a person with psoriasis may occasionally have an attack of eczema is well known; but these circumstances in no way affect the question of their independence, which Dr. Campbell raises.

In connection with his reasons it may be stated: ***First***, that psoriasis very rarely occurs with eczema. Of ten thousand cases of skin diseases occurring under competent observation in the cities of New York, Philadelphia, and Boston, eczema formed 38.7 per cent., while psoriasis but 3.7 per cent. Among the three hundred and seventy-three cases of the latter affection but very few could have been associated with eczema. In the few instances that such coexistence has fallen under our observation the eczema has been secondarily established, either in consequence of direct over-stimulating treatment, or has been developed in skins thus disposed in consequence of the cutaneous excitement incident to the rapid evolution of the psoriasis. As it has been recently shown (see last report) that the seat of the patches of psoriasis is often determined by cutaneous injuries of various kinds, or in other words that the disease may have a traumatic origin, so it is not at all improbable that a preëxisting eczema may develop in persons thus disposed, as in psoriasis. In this connection, too, it should not be forgotten that the latter affection in the early stage is sometimes accompanied by so great a degree of active hyperæmia and itching as closely to resemble acute eczema; while on the other hand patches of chronic eczema so strongly resemble psoriasis as to be not infrequently mistaken for it. Such errors of diagnosis will explain in part, perhaps, the

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[1] The Medical Press, August 8, 1877.

[2] Archives of Dermatology, vol. iii., No. 4.

Second reason offered, although there is no reason why a person liable to psoriasis as to any other disease should not have at some time an eczema.

Third, is there a special tendency to gout and rheumatism in eczematous and psoriatic patients? We have never been able to discover it, and would like to see some accurately recorded data to warrant such theory. How many of the forty-two hundred patients with eczema or psoriasis above referred to, is it supposed, ever had rheumatism or gout?

Fourth, the derangements in the urine are so identically those met with in all sorts of disturbances of the economy that they can hardly be regarded as a common tie between these affections.

Fifth, *sixth*, *eighth*, *ninth*, the same reasons might be offered for an intimate relationship between either of these affections and seborrhœa, for instance.

Seventh. The constitutional nature of the two diseases is stated to be shown by the results of treatment: that they only rarely get well by local treatment; that by internal medication they entirely disappear. This might be answered by the equally complete proposition: they almost always get well under local treatment alone; they rarely disappear under internal medication alone, because no one relies upon it.

Sycosis. — Dr. A. R. Robinson's prize essay[1] upon this disease is the most important contribution to our knowledge of its anatomy which has yet appeared. Hitherto, investigation has been limited to an examination of the hairs pulled from the affected portions of the skin; Dr. Robinson has studied the changes of the hair tissues *in situ* by making sections through the diseased skin in all stages of the affection. He finds that in simple sycosis the process is always at first a peri-folliculitis; that then the structures of the follicle are acted upon by these inflammatory products, especially by the serum, which causes destructive changes in the soft parts of the hair and in the external and internal root-sheaths, by which their cells are partly destroyed, leaving a granular mass and the round nuclei. In the later stage only the hard, corneous part of the hair remains. The adjoining sebaceous glands may be secondarily affected in a similar way. In the severest forms of the disease these retrograde changes proceed further and give rise to the formation of cicatricial tissue and consequent permanent alopecia. This portion of the essay, which contains the results of his careful anatomical studies, is illustrated by numerous, large, and admirable drawings of the most characteristic changes in the tissues. He considers the disease a dermatitis, and not primarily an affection of the hair follicle, and the direct cause of the peri-folliculitis is to be found, he thinks, in the irritation produced by the stiff hairs of the beard on an irritable skin tissue. Dr. Robinson treats of the disease also in all its relations, and the whole paper is one of great value.

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[1] New York Medical Journal, August and September, 1877.

On the Frequent Occurrence of Eczema in Diabetic Patients.—Dr. Hicks communicates [1] his observation upon the frequent coexistence of these two affections, especially in women. He has found that a large proportion of females affected with diabetes suffer from pruritus and eczematous inflammation of the genitals, and later of the thighs and abdomen. He explains this naturally by the irritation produced by the circulation of a blood saturated with sugar in the cutaneous tissues. The eczema may spread itself rapidly over the whole surface, and in some cases, according to our observation, presents peculiarities of form which betray its unusual cause.

(*To be concluded.*)

PARKER AND BETTANY ON THE SKULL.[2]

WHATEVER one's opinion may be as to the position comparative anatomy should hold in medical education, there can be no doubt that it is essential to whoever aspires to a scientific knowledge of the human body, and that many difficult points in the latter become clear by comparison with lower and simpler forms. This is especially true of the head. Great interest has for a long time existed with regard to the skull, especially concerning its alleged vertebral nature. It would be very interesting to trace the history of the study of the skull from its origin to the present time, as it would be a good illustration of the way in which careful, conscientious research overcomes not only the inherent difficulties of an obscure subject, but those foreign ones which superficial work and a fancy for mysticism have added to it. We have no space to enumerate the various theories, all wrong and most of them laughably absurd, according to which from three to seven vertebræ have been found in the head, but it would be easy to show how step by step the views held have become more rational, till at last the cranial vertebræ have followed the absurdities of Oken and Spix, the latter of whom drew analogies between the skull and the earth. A good text-book on the vertebrate skull has been for a long time a desideratum. Huxley, Gegenbauer, and others have done good work, but an intelligible work which should contain enough, and not too much, was wanting, and this void is filled by the work before us. The skull of the various vertebrate types is studied by the light of embryology; theory is kept within strict limits, and transcendentalism does not appear. Nothing could be drier than this work to the dabbler in "popular science;" it is meant for the earnest student, and in spite of the numerous and excellent cuts even he will find at least a few typical specimens essèntial. We are sure that all teachers of comparative anatomy will join us in welcoming this book. T. D.

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[1] The Lancet, March, No. 13, 1877.

[2] *The Morphology of the Skull.* By W. K. PARKER, F. R. S., and G. T. BETTANY, M. A. London: Macmillan & Co. 1877.

PHIN ON THE MICROSCOPE.[1]

We owe an apology to the author for our delay in giving this little work the word of praise it deserves. It is for beginners, and gives them much excellent advice and instruction. We are particularly pleased to find the cause of simplicity in the construction of stands and stages making progress in America. Almost the only criticism we have to make is the want of directions for hardening animal tissues that are to be cut into sections.

WALSH'S LEDGER.[2]

We are inclined to think this a very convenient form of ledger. The call book and tablet are already known.

THE DEATH OF DR. CLARKE.

After a long and wearing illness, Dr. Edward H. Clarke breathed his last on the evening of November 30th. Though it was generally known that his disease was mortal and its termination merely a question of time, yet his death has caused a profound feeling in both private and professional circles. He was born at Norton, Mass., in 1820, and graduated at Harvard in 1841, being first in his class. His medical studies were interrupted by ill health, and it was 1846 when he took the degree of M. D. at the University of Pennsylvania. He began practice in Boston, and by his talents and assiduity he made exceptionally rapid progess, being, moreover, assisted by the late Dr. Perry. He visited Europe several times, and devoted much attention to diseases of the ear. With Dr. Bowditch and some others he revived, in 1846, the Boston Society for Medical Observation, which had been practically dead for eight years. At about 1850 he and some other gentlemen started the Boylston Medical School, which avowed itself the rival of Harvard, and endeavored to obtain from the legislature authority to confer degrees. This privilege was not obtained, but the Harvard Medical School was forced to greater exertions, and in 1855 Dr. Clarke was appointed professor of materia medica at Harvard, which position he held till 1872. He never held a hospital appointment, though when the City Hospital was opened he was pressed to accept one. At the time of his death he was an overseer of Harvard University, and a few years ago he, together with Messrs. Charles Dalton and T. Jefferson Coolidge, was appointed to the honorable and responsible position of park commissioner by the mayor of Boston. Though a good writer, he leaves but few works, one of which, that on the Bromides, he wrote in conjunction with Dr. Robert Amory. He was greatly interested in all subjects affecting the health of the community. His little popular essay entitled Sex in Education, published in 1873, attracted great attention and excited much controversy. The salient point of the book was the demonstration that as girls are different from boys they require at least certain modifications of education. The rancor that still exists among radical so-called " reformers " and advanced thinkers bears evidence to the truth and force of the book. A few years later Dr. Clarke published the Building of a Brain, which was of a somewhat similar nature but of less vigor. He occasionally reviewed books for the JOURNAL, but was not a frequent contributor. His last paper of importance was on Practical Medicine in the Century of American Medicine, published last year in *The American Journal of the Medical Sciences.* It is believed that during his long illness he has been at work on a book, but we do not know whether it is destined to see the light.

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[1] *Practical Hints on the Selection and Use of the Microscope.* By John Phin. Second edition. New York: The Industrial Publication Company. 1877.

[2] Published by Ralph Walsh. Washington, D. C. 1877.

Dr. Clarke was an indefatigable worker, for though, as we have said, interested in public matters, he had a very large, responsible, and lucrative practice. Some three or four years ago, feeling overtasked, he endeavored to give up all but consultation practice, but his days were numbered, for at least two years ago cancer of the rectum was discovered. Patient and calm, with his mind in full activity, he has waited for the end.

His reputation as a practitioner was deservedly very high, and his patients had confidence in him to a degree that is rarely seen. His quiet, attentive manner, his pertinent questions, his simple and judicious advice, soothed the apprehensive and encouraged the weak. The patient felt himself under the influence of a master mind.

> " At his control
> Despair and anguish fled the struggling soul."

As a lecturer he had great success. During the short winter days his lectures at the school were often at eight in the morning, but the room would be filled with an attentive class (and this was in the days of turbulent students) that listened with unwavering interest and in the most perfect silence. There were no graces of oratory, no charm of voice, no flashes of wit; there was simply the earnest teacher. Students of other schools asked with incredulity about this professor " who is said to make materia medica interesting." In truth, his lectures were devoted chiefly to therapeutics, but they were models of their kind. The action of the drug on animals and on man, the effect of a small and of a large dose, of long-continued use, and circumstances modifying its action, were all treated separately and clearly. Dr. Clarke was not of those who think materia medica consists only of drugs. Light, heat, air, the effect of the imagination, were discussed as methodically as opium or alcohol.

The good physician, strong thinker, public-hearted citizen is gone. His example remains.

MAYOR PRINCE AND THE BOARD OF HEALTH.

It has always been the boast of the Journal that while advocating the claims of health and the good of the community it takes no part in politics. We care not a straw to what party a public man owes allegiance; it is our province only to see that professional and sanitary interests do not suffer in his hands, and it is on this ground that we think it right to warn the community of a danger that threatens it should Mr. Prince be reëlected next week. The establishment of the City Board of Health by the city council in 1873 was a step in the right direction. From that time all matters relating to the sanitary well-being of the city have been under the direct management of three commissioners. The public know how faithfully and well they have performed their duties.

One of the board is a physician, and all who have had dealings with the health office will bear testimony to the good work done on the board by its chairman, Dr. Durgin. Well educated, not only as a member of his profession but as an expert on matters relating to public hygiene, exceedingly conscientious in the discharge of duty, modest and unobtrusive in manner, firm in his convictions, and immovable in what he thinks right, his value to the city as a member of its Board of Health cannot be overestimated.

Last spring Mayor Prince appointed Mr. James M. Keith in place of Mr. Henry G. Crowell, the latter a gentleman whose record had certainly entitled him to a reappointment. This coming spring the term of three years for which Dr. Durgin was appointed will expire, and it is well known from several remarks of Mr. Prince that if he is reëlected he will not reappoint Dr. Durgin, but will see to it that some gentleman who, though he may not serve the city so well, will serve the mayor better shall take his place. The firm stand by the Board of Health in direct opposition to Mr. Prince in his efforts to remove faithful public servants and to fill their places with political workers is a resistance which is not to go unpunished should the mayor be reelected. It is to be hoped, therefore, that the members of our profession will take care that the Board of Health receives the support at the polls to which it is justly entitled, and the election of Mr. Pierce be a notification to Mr. Prince that the medical profession do not believe in dismissing public health officers without good and sufficient reasons.

It is not for us to discuss the police system at large, but under the heading "drunk or dying" disagreeable revelations might be made. Members of the profession know more than others of the corruption of the force and the ugly stories which are hushed up. A reform in the department is needed, and Mayor Prince is not, we think, likely to effect it.

RECENT GERMAN SANITARY LITERATURE.

THE immense effect of the Franco-Prussian war in stimulating thought and active measures in relation to the preservation of health and prevention of disease is readily marked in the organization of the German Public Health Association five years since, in the establishment of the Imperial Board of Health, in which Pettenkofer was offered the chief place at its beginning a little over a year ago, and in the large number of treatises on public hygiene which have lately been published. Among the systematic hand-books on that subject, which have all appeared within three years, may be mentioned the works of Geigel, Hirt, Roth and Lex, Oesterlen and Schauenburg, beside a new edition of Caspar's Forensic Medicine by Liman, and of Eulenberg's *Medicinalwesen in Preussen;* the journals and *brochures* in particular branches of the subject come so rapidly that it is almost impossible to follow them. With all this, it seemed to the German Public Health Association very desirable to have a less purely scientific and technical system of hygiene, and for that responsible work they chose Dr. Friedrich Sander, of Barmen, an active member of the association, librarian of the Society of the Lower Rhine for Public Hygiene, and for some years past a well-known writer on sanitary and statistical science.

The result of Dr. Sander's labor,[1] which has just appeared, fully justifies the high expectations which one would naturally be led to have of it. But first, it should be said that the excellent arrangement, easy style, clear type, and good paper render the book a very readable one. It is arranged in two departments: the first, general, historical, and theoretical, — or perhaps the writer uses a better word in calling it fundamental; and the second, relating exclusively to the application of the principles of hygiene to conserving the health of the individual and of the community.

In the first part, the *first* division (20 pages) defines public hygiene as being the care which the state may reasonably be expected to exercise over the health of the individual by himself and in his relation to the community, — not, as is more commonly stated, the care of the public health, that is, the health of the state as a whole. While education of the masses is thought desirable for this end, and for the elevation of the individual, the writer thinks that great evil has arisen in England from pushing this theory too far, and allowing the self-interest of each man, holding his house as his castle, in many cases to interfere with the health and rights of others. The province or scope of hygiene, too, is well treated here. The *second* division (95 pages) discusses the theory of the preventable diseases, in which a mass of information is condensed so as to be available for those who have not time to consult the original authorities. The *third* division (47 pages) deals with the history of hygiene, giving to Moses less and to the early Greeks and Romans more credit than has been usual; and this position is fully sustained by the citation of well-chosen facts and references. The Middle Ages, the early centuries after the

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[1] *Handbuch der oeffentlichen Gesundheitspflege.* Im Auftrage des deutschen Vereins für oeffentliche Gesundheitspflege. Verfasst von DR. FRIEDRICH SANDER, Sanitätsrath, etc. Leipzig: S. Hirzel. 1877. Pp. 502.

Reformation, the work of Johann Frank a century ago, and a full account of portions of the history of English sanitary reform for the last forty years are so critically considered that we hoped to see some recognition of the work of Italy and France, where modern sanitary science really began, although in some respects those countries have been far outstripped in the race during the last quarter of a century. Roscher is effectively quoted as laying upon Adam Smith's shoulders the blame of the rapid industrial development of modern life and thereby bringing on the laboring classes the moral, social, and sanitary ills of excessive overcrowding; but the theory of Malthus that epidemics and disease of all kinds are really blessings, by removal of the unfit and survival of the fittest, is combated on the ground that many of the strongest and best are crippled for life, even when not killed by the same means. Kaulbach, dying of cholera in winter and Anstie of fever, in highly civilized cities, are too recent and sad instances of this fact soon to be forgotten. In reviewing these points, the cholera is credited as being the first great sanitary reformer; and accurate registration is shown to have been the basis of all concerted action for carrying out improvements demanded by that great scourge, now hardly feared, at least in England.

In the second part, the first section (268 pages) is devoted to air, water, soil, and food, or the general principles of public hygiene. The second section (55 pages) embraces a consideration of dwellings, streets, hospitals, schools, trades and manufactories, prisons and cemeteries, in their various relations as affecting health; and here we are surprised at the deficiency of food in many of the German prisons, and at the consequently high sickness and death-rates there — fully three times as great as in our state-prison at Charlestown; but in a few places this evil has been already remedied. We cannot help thinking that too much attention is given in Germany, as is shown in the book before us, to the theory of diet and to an adjustment of the number of ounces of food of different kinds per individual. The American system of supplying nutritious food and permitting each man to eat as much as he wishes is much better. The third section (16 pages) is occupied with the principles of protection against infectious diseases, including disinfection, quarantine, and vaccination.

Syphilis is included among the contagious diseases, — one, too, which it is useless to attempt to investigate by purely statistical methods. The writer thinks that the evil is a great one, but that comparisons cannot be readily made in this regard between different countries, inasmuch as there is so great a difference in the ease with which the victims of syphilis and gonorrhœa are able to get treatment. In Finland, for instance, notices are posted even in the churches to the effect that *all* contagious and infectious diseases are treated free in the hospitals; in Copenhagen, there is a police ordinance giving free treatment to all persons affected with venereal diseases; and in some cities they are not, in the curable stage at least, even admitted to the public hospitals and dispensaries. Although Oettingen is not fully credited in his statement that syphilis threatens to undermine the fabric of modern society, yet it does seem that the danger is increasing, a case in point being the fact that the death-rate from syphilis has increased very much in England, without including the various forms of brain disease attributable to that cause. From 1850 to

1859 in that country, of 100,000 living there died annually of syphilis 4.42; from 1860 to 1869, 7.30, and from 1870 to 1874, 8.10. The author recommends two means of diminishing the evil: (1) regulation of prostitution by periodical examinations of the women; (2) facilitating the means of treatment in hospitals for those who have become ill. The valuable experience of France, Germany, and England is not analyzed, or even summarized, in these points, as it is perhaps best that the subject should be dealt with as briefly as possible in a book intended for general reading. But the writer certainly does wisely in alluding to the magnitude of the evil and to the propriety of some remedy. Between the *laissez faire* theory of many cities and the Russian principle in China, of placing all the prostitutes for their navy on an otherwise uninhabited island under strict guard, with regularly allowed visits from the sailors on the one hand and examinations by the surgeons on the other, there is undoubtedly a middle course. But Dr. Sander's second proposition for the care and cure of an unfortunate class, whose sufferings are often out of all proportion to their sins, one would think should commend itself to all really intelligent and philanthropic people. No reference is made, in this connection, to the responsibility of men in spreading venereal disease, nor to the manifest justice of restrictive examinations, etc., being applied to them equally with women.

MEDICAL NOTES.

— O. Küstner, *Centralblatt für Gynaekologie*, 1877, No. 9, has given his attention to the white points which new-born children have on the end of the nose (white comedones). The examination of twenty-nine children who had not been carried to full term and of seventy children which had been showed that similar follicular enlargements, through plugs of secretion, occurred also on other parts of the face, on the cheeks towards the forehead, and especially well marked on the under lip and chin; and that the earlier a child was born — from about the thirtieth week backwards — so much the more did they appear, while the nearer the children were to the normal time of birth the less were these comedones apparent. At full term they covered the end of the nose only.

— In a paper on Why Dental Caries is so General, and How to Prevent It, published in *The British Medical Journal* for October 20, 1877, Alexander Stewart, F. R. C. S., claims that dental caries is due to the solvent action of acids, and that the chief sources of these acids are the fermentation of food left on and between them after meals, — acid drinks, some articles of food, as fruit cooked and uncooked, salads, pickles, etc., mineral acid mixtures, acid mucus from the gums, acid saliva from pregnancy and diseases of the system, acid fumes in some processes of manufacture, etc. Every prescription containing an acid, the writer intimates, should be accompanied by an injunction to the patient to rinse his mouth with an alkaline solution immediately after each dose. The form of alkaline solution recommended is a teaspoonful of bicarbonate of soda and a tablespoonful of eau de Cologne in a quart of water, a little hot water being added if required to warm the quantity poured out for use.

A small piece of camphor may replace the eau de Cologne. This or some similar solution should be used to rinse the mouth at least every night at bed-time, but better after every meal, whenever there is suspicion of acid acting or having acted on the teeth. It should be used several times a day from the commencement of pregnancy. The mouth should be rinsed with it, not only after every dose of mineral acid medicine, but also as soon as possible after acid fruits and whatever tastes acid in the slightest degree. The writer desires to see these three means in use: —

(1.) Rinsing the mouth thoroughly with water after the last meal of the day to remove all food. (2.) Rinsing immediately afterwards with an alkaline solution to neutralize any acid or its effects. (3.) Moderate brushing in the morning to remove any mucus secreted during the night.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.[1]

CLINICAL SERVICE OF DR. WILLIAM GOODELL,

Professor of Gynæcology in the Medical School of the University of Pennsylvania.

Polypus of Cervix Uteri. — Polypi of the womb are usually very easy of recognition. They hang down into the vagina, and by passing your finger through the vulva and along the stem of the polypus you can easily get it or a sound into the womb, and assure yourself that it is really a polypus and not an inverted womb that you are dealing with. Here the diagnosis is more difficult. I find what may be either a very large polypus or an inverted womb hanging down in the vagina and projecting slightly from the vulva. I attempt to guide my finger along the side of this tumor into the womb, but find that I cannot. There seems to be a complete connection all the way round between the sides of this body and those of the cervix uteri. Let me insert one finger into the rectum, and with the other hand make pressure above the pubes. I certainly feel between my finger and hand a solid body, shaped like the womb, and situated exactly where the womb should be. Now if this body is the womb, why am I not able to get my finger into it by following the pedicle of the supposed polypus? It is very strange; let me try once more. Yes, here is one spot where there seems to be an opening, not large enough for my finger, indeed, but I ought to be able to get a small sound through it. I am right; there is a very small orifice here, and by using a little force I am able to push my sound through it. How far does it go beyond this opening? Only one inch and a half. This opening must lead into a womb, and yet one inch and a half is very short measurement. I insert the sound again, and this time it goes in further, two inches and a half. Now with the sound inserted and my hand on the abdomen I am able to map out the exact size and position of the womb, for womb I am sure it is. This womb is not inverted, not even slightly cupped, but is entirely normal. I might make assurance doubly sure by passing my finger into the bladder through the urethra, but I am so certain of my diagnosis that I do not consider this necessary in the present case. I have enlarged the opening slightly with a dilator, and have succeeded in getting my little finger into the cavity; yes, there is no doubt that the womb is normal and in its usual site. Polypus of the cervix uteri is a somewhat rare affection, although I very often come across cases of polypus of the womb.

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[1] Reported for the Boston Medical and Surgical Journal.

This woman tells me that she has been bleeding since last spring. While I have been talking you have noticed this stream of blood slowly issuing from the vagina. What is to be done for her? I think I can cure her entirely by removing the polypus. How do I do this? The woman being now thoroughly etherized I take hold of the polypus, and by pulling upon it bring the cervix well into view. You see how complete is its connection with the cervix except at this one little point. Let me give you a hint. Suppose a polypus is so large as to fill completely the vagina. How are you to get it down and out? Why just put on the forceps and deliver it as you would a child's head. If at any time you meet with a tumor so large as to fill up the whole vagina you may rest assured that it is not an inverted womb; an inverted womb is never of such size.

Having brought the base of the polypus and the cervix uteri well into view (the anterior portion of the neck of the womb has, you see, become slightly hypertrophied) I begin by cutting a little groove through the mucous membrane of the base of the polypus, so as to lodge my wire écraseur and keep it from slipping. You know, of course, that my object is to cut this growth bodily off. I might do this with a knife or with the galvano-caustic loop, but the first might cause serious hæmorrhage, and the galvanic battery required for the other is so capricious, so likely to get out of order, that I much prefer the simple wire, not the chain, écraseur.

While I have been talking to you I have carefully cut a groove all round the base of the polyp, studiously avoiding any injury to the cervix. This cutting has caused but little bleeding. Now I will get my assistant to fix the wire in place and begin to tighten it very slowly, — *very slowly*, because this is a tough myoma to be removed and if I attempt to do the work of cutting rapidly the wire is very likely to give way. While the assistant is at work let me give you a point about fastening the ends of your wire. There is what is known as the "traveling button" in an écraseur. In this case, as I want a crushing action, I have fastened both ends of the wire to this button; each end comes down together, and so the loop simply crushes through this musculo-fibrous mass. But suppose I desired a semi-cutting action; then I should fasten one end of the wire to the "traveling button" and the other end to the handle of the écraseur. I am using to-day for my loop a piece of piano wire, — wire used for producing the upper notes of the piano. A gentleman of this city makes what is called a phosphide of iron wire for this purpose, and claims that it is stronger; but I have given his invention a fair trial and do not think it any better than the piano wire. You see how nicely the wire is crushing its way through, without causing any hæmorrhage. A little more, — now, the whole polypus has come away.

What shall be the after-treatment? This woman has the exact sallow complexion which attends malignant disease, but it is due in this case to the effects of the constant drain of blood upon her system. I shall do nothing for her but inject a little dilute Monsel's solution (one part of Monsel to three of water) into her vagina, and order a moistened sponge to be kept there. I shall put her at once upon a course of dialyzed iron. (The woman suffered but little pain during the week following the operation. She was again brought before the class on the eighth day, and an application of iodine was made to the cervix, which presented the appearance of a simple erosion.)

Dysmenorrhœa from Stenosis and Flexion. — This woman has been bedridden for over seven years, and is in a very hysterical condition. By strong moral control I am gradually getting her more and more out of bed. As regards her real troubles I find that she has a bad retroversion of the uterus, with an entirely inelastic vagina and a much contracted cervical canal. I have been treating the retroversion very successfully with pessaries. As regards the treatment of stenosis there is much diversity of opinion. In such cases as this several prominent New York gynæcologists teach that incisions should be made into the cervix. By placing the patient under ether and using very powerful dilators, whose blades do not feather, I find that it is very rarely needful to incise the cervix. In using such dilators as the above, which have no shoulders, you should first insert the instrument right up to the fundus of the womb; then, before beginning to dilate, withdraw it half an inch.

Closure of the Vulva for Vesico-Vaginal and Recto-Vaginal Fistula. — Thirteen years ago this woman went into her first labor, during which she was attended by two most excellent obstetricians. It happened to be an arm presentation, giving no chance for turning, but showing a tendency to spontaneous evolution. While one physician was away and the other asleep the child was born. As a result of these complications she had very extensive sloughing of the upper and outer wall of the vagina, in the course of which the base of the bladder and a large portion of the urethra were eaten away. Since that time the woman has menstruated but twice. Last spring she came to me to have the operation for vesico-vaginal fistula performed. This I found utterly impossible; there was nothing from which a flap could be made. So I passed the galvano-caustic wire (insulated completely except at its point) into her rectum, and made an artificial recto-vaginal fistula with the intent of converting the rectum into a bladder. At first the rectum objected to the presence of the urine, and as a result she was constantly obliged to go to stool. Afterwards, however, it became more accustomed to its new office, and she only had a passage two or three times daily. I took this first step in my operation some months ago with a purpose. Artificial recto-vaginal fistulæ are very loath to close up again, and the success of the operation for closure of the vagina depends primarily, of course, upon the integrity of the opening into the rectum. I am going to perform an operation to-day that, so far as I know, has been successfully performed but once before. You will find a note of this case on pages 43, 44, of Dr. W. W. Keen's Toner Lecture for 1876. The case he gives occurred in his own hospital practice. I intend to-day to close up this woman's vulva by sutures. Dr. Keen had to perform some thirteen operations to secure accurate healing of the sides, but the woman upon whom he operated was vastly improved.

I shall begin by shaving off the hair from each side of the vulva where I intend to put in my stitches. Now that the hair is out of the way I proceed at once to snip off the skin with a pair of curved scissors, beginning below so that the parts may not be obscured by blood. Every now and then a little artery spurts, which I secure at once by a *serre fine.* Scissors do not always behave well in these circumstances; the edges may not be perfectly true; still I prefer their half-crushing action to that of the knife. They do away with a great deal of bleeding. You notice that I have been snipping off the skin and mucous membrane well into the vagina on each side. Every now and then I ask the assistants to relax their hold so that I may fit the sides accurately together and see where I am. Just here at the entrance to the meatus I must work with great caution. If any of the veins of the bulbs were cut I might cause very serious bleeding. I think I have pared off all the mucous membrane needful on each side now, and am ready to put in my sutures. But first I must cut off these "aprons," the nymphæ, for they are no longer of use, and will only interfere with the accurate healing of the sides. These plastic operations are tiresome, but I must resist the temptation to hurry through them for the woman's sake. I put my first suture in on a level with the lower margin of the anus, and pass it through one side with a sweep. Always bring out the stitches on the edge of the denuded surface. I do not expect this to be near as successful an operation as that for ruptured perinæum. I have passed eight sutures through. I have included plenty of tissue in my stitches so that they won't tear out. For this purpose I thrust the needle straight back at first and then bring it round. If these sides do not heal completely I shall have to open the wound again. At the last stitch and that nearest the symphysis pubis I have passed my needle and wire all the way round. The great difficulty always is to see that the points of exit and of entrance of the sutures are exactly opposite. Now I am ready to draw the sides together. As I tighten each suture I syringe out the part carefully so as to wash away all the urine from the sides of the wound. In clamping the sutures I must use very large shot in order to make the fastenings secure. I will use two clamps for each of these lower stitches. The most difficult stitch for healing is the last, that just at the symphysis pubis. All the sutures are now fastened. It makes, you see, a very clean apposition. I shall have a sigmoidal catheter passed through the rectum into the woman's bladder, and the rectum drained by a flexible gutta-percha tube. Of course her knees must be bound together, and she must be given opium enough to dull the pain and to keep her bowels locked for eight or nine days. Be sure that you always put a pad between the knees before binding them together. [When the stitches were removed on the ninth day, the union of the sides was found to be complete except just at the site of the meatus urinarius. At this spot a small fistulous opening remained, through which the urine trickled out. The doctor attributed this opening to the fact that, underestimating the strength of the sphincter ani, he had used a flexible catheter instead of a silver tube to drain off the urine, and that the contraction of the muscle had closed the catheter and so forced the urine to find another means of egress. He further stated that he would attempt the closure of the fistulous opening by cutting flaps from both sides. This secondary operation he would postpone for a couple of weeks, until the patient had time to regain flesh and strength.]

SOFTENING OF THE BRAIN.

MESSRS. EDITORS, — The case of softening of the brain published in the JOURNAL for November 8, 1877, is an interesting case, but it was probably not, as the author supposes, a case of general softening of the brain. The few symptoms given, which are probably a very good summary of the patient's condition, would lead to a belief that from mental distress, anxiety, and worry the nutrition of the body had been interfered with, and, combining with this, loss of sleep and refusal of food had led to extreme anæmia, the brain especially participating. It must also be taken into account that menstruation had been present, though it is not mentioned whether the flow was profuse or not. The treatment leads to the belief that the attending physician recognized this condition of the patient and accordingly gave as he was able food and stimulants, and tried to insure sleep. The patient is said to have been extremely emaciated, and to have died of asthenia. The nervous symptoms are entirely in harmony with the view that there was cerebral anæmia. The delirium and mania are found in such cases. An extreme example of an acute anæmia, perhaps it ought to be called, may be found in delirium tremens. The formication, cutaneous hyperæsthesia, and dilated pupils are also symptoms found in anæmia, and the pulse showed the great prostration.

The post-mortem examination is not so well reported as the clinical history, and it seems as though the condition of the parts was not fully appreciated. No mention is made as to the season in which the death occurred: if in winter whether the body had been kept in a warm room, or whether the brain after removal was kept in a warm room. The publication of the case now would lead one to think that death took place during the past summer or spring. It would not be strange if an œdematous brain should become softened somewhat within twenty-four hours after death, even in quite cold weather. I say œdematous brain because no mention is made of an unusual quantity of fluid in the ventricles; yet the "brain and membranes were tightly packed in their case," and an œdematous condition of the brain is not rare in general anæmia. After speaking of the brain and membranes, then of the membranes alone, it is said "they were removed with great difficulty, the dura mater at the base of the brain being very dense." Does this mean that the effort was made to remove the dura mater from the base of the skull with the brain inclosed in that membrane? If so, it is no wonder that the brain should afterwards be "so soft as to break down at the slightest touch." Having blundered into this mistake once in my early student days, I can testify that after such an effort the brain would be soft. The strength of alcohol was not sufficient to keep a brain in warm weather, and certainly would not keep a brain which had been bruised and crushed in taking out.

One possibility has been overlooked, — kidney disease. It is said, "Nothing else noteworthy about abdominal viscera." This, perhaps, ought to exclude kidney disease, but mental anxiety is a cause or one cause of such disease, and is also the cause of anæmia and of cerebral symptoms.

I should not have attempted to show that this was probably not a case of softening of the brain excepting that there is such a wide-spread belief that this is a rather common disease, especially among the comparatively aged. General cerebral softening does not exist. Even an œdematous brain if examined immediately after death is firm. The fact that some brains at autopsy are much softer or harder than others probably depends on differences as to the time at which the autopsy is made, the warmth of the weather or the room in which the body has been kept, or the amount of fluid contained in the brain tissues or in the ventricles; there may be also a very slight individual variation as to the normal firmness of different brains. The only cerebral softening properly so called is the result either of inflammation limited to the vicinity of tumors, abscesses, hæmorrhages, or wounds, or superficial and dependent upon meningitis, or limited to the area supplied by an obstructed blood-vessel. That is, cerebral softening is local, limited, and secondary. It is said that one hemisphere may be softened, but that must be extremely rare, and it might well be doubted whether there had not been an error in diagnosis unless the arteries at the base were examined and both the basilar and carotid found plugged. When one whole hemisphere is nearly destroyed by an abscess it would not be properly called "softening." S. G. WEBBER.

A PLEA FOR FAIRNESS AND ACCURACY.

MESSRS. EDITORS, — Your correspondent, who sent you the letter from Philadelphia, published in your issue of November 22d, has laid himself open to some very serious charges. There is a great deal of indignation expressed here as regards his treatment of the University Medical School. If there is any city in the country where the University Medical School would like to have her present position fairly and fully stated, that city is Boston. Nobody denies his right to praise Jefferson; on the contrary it is a fair and honest motive, but every impartially minded reader must bewail his insinuations regarding the poor success of the University Medical School.

Near the bottom of page 603 of the JOURNAL he states that Jefferson was the *first* medical school in the country to give prominence to *systematic clinical instruction*. In Carson's History of the Medical Department of the University of Pennsylvania, 1869, page 117, he will find the fact stated that attendance at the clinics of the Pennsylvania Hospital during one session at least was required of every candidate for the degree of M. D. at the University, in the year 1811, — some eight or ten years before the Jefferson school was in existence. He also entirely ignores the fact that there is no bedside instruction given at Jefferson, while at the University the second and third year's men are divided into sections, so that each student receives, weekly, personal instruction in practical surgery and bandaging, gynæcology, and physical diagnosis.

I would also call attention to the fact that in making extracts from Professor Pepper's address your correspondent has taken the liberty of putting certain passages into *italics* without stating to the reader that the italics are his own.

At the bottom of page 605 of the JOURNAL the assertion that "the lectures on surgery and practice of medicine in the third year are the same as those of the second course" is allowed to appear, while any one who knows anything at all about affairs at the University Medical School can state that although certain fundamentals are repeated each year in the above branches, yet that the subjects discussed in the third year are different from those lectured upon in the second. Thus in the second year in practice the specific fevers and diseases of the heart, lungs, and alimentary canal are lectured upon; in the third year the specific fevers and diseases of the lungs, blood, liver, kidneys, and brain. So with surgery.

Your correspondent reproduces in his letter a communication which appeared last spring in the Philadelphia *Evening Star*. This communication is nothing but one mass of crass inaccuracies. I have reproduced the communication below, substituting facts for fancies. By referring to page 606 of the JOURNAL the discrepancies will be noted.

OLD COURSE AT THE UNIVERSITY.

Number of lectures per week 24 (not including clinical lectures); in five months, 480, or 60 lectures each in four of the seven branches, and eighty each in the remaining three.

Anatomy, first and second session	160	lectures
Physiology " " " "	120	"
Chemistry " " " "	160	"
Materia medica, first and second session	120	"
Obstetrics, second and third session	120	"
Surgery " " " "	120	"
Practice " " " "	160	"
Expenses, $315.	Total, 960	"

Your correspondent allows to go unquestioned the statement that 1680 lectures were sometimes attended under the old system. If a student took a three years' course under the old system he graduated in four branches at the end of the second year, and during the third year gave the time formerly occupied by lectures on those branches to study of the three practical branches.

THE NEW CURRICULUM.

Anatomy, first and second session	160	lectures
Physiology " " " "	120	"
General chemistry, first session	60	"
Medical chemistry, second session	20	"
Materia medica, first session	20	"
Therapeutics, second and third session	120	"
Obstetrics " " " "	120	"
Surgery " " " "	160	"
Practice " " " "	160	"
Morbid anatomy, first and second session	80	"
Medical chemistry (laboratory), second session	20	hours[1]
Materia medica " first "	20	"
General chemistry " " "	60	"
Expenses, $415.	Total, 1120	lectures.

Your correspondent published in his letter the total number of lectures under the new curriculum as 800 and the total expenses as $455.

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[1] In this matter hours and lectures are synonymous terms.

I hope you will publish these corrections out of simple debt to the truth. I might find many other faults, but will not. The least that can be said about the letter is that there are four or five very serious inaccuracies in it, that its general tone in disputed matters is not frank, and that as regards its attitude towards the University Medical School it is unnecessarily hostile.

Very truly, **Samuel M. Miller, M. D.**

Philadelphia, *November 26th.*

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COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING NOVEMBER 24, 1877.

	Estimated Population, July 1, 1877.	Total Mortality for the Week.	Annual Death-Rate per 1000 for the Week.	Death-Rate for the Year 1876.
New York	1,077,228			27.46
Philadelphia	850,856	258	15.78	22.88
Brooklyn	527,830	210	20.69	24.31
Chicago	420,000	130	16.07	20.41
Boston	363,940	135	19.28	23.39
Providence	103,000	27	13.63	18.34
Worcester	52,977	14	13.74	22.00
Lowell	53,678	16	15.50	22.21
Cambridge	51,572	21	21.17	20.54
Fall River	50,372	13	13.42	22.04
Lawrence	37,626	16	22.11	23.32
Lynn	34,524	17	25.59	21.37
Springfield	32,976	4	6.31	19.69
Salem	26,739	9	17.50	23.57

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A **special** meeting of the Norfolk District Medical Society will be held in Bradley's Building, Roxbury, on Tuesday, December 11th, at eleven o'clock. Papers, communications, etc.: —

(1.) Two cases of Surgical Injury of the Wrist. Dr. George J. Arnold.
(2.) Parenchymatous Nephritis, with cases. Dr. Van Slyck.
(3.) Miscarriage. Dr. Henry A. Martin.
(4.) Recent Cases of Malignant Pustule and Œdema. Dr. Silas E. Stone.
(5.) Pathological Specimens. Dr. William P. Bolles.
Lunch at 1.30, P. M.

Books and Pamphlets Received. — Transactions of the Medical Society of the State of Pennsylvania. 1877.

Circulars of Information of the Bureau of Education. No. 1, 1877, Reports on the System of Public Instruction in China, and, No. 2, Reports on Public Instruction in Finland, Netherlands, Denmark, Würtemberg, and Portugal.

The International Conference on Education held at Philadelphia July 17 and 18, 1876.

Contributions to the History of Medical Education and Medical Institutions in the United States of America. 1876.

A Case of Molluscous Tumor of the Ear. By J. J. K. Duncanson. (Reprinted from the Edinburgh Medical Journal.)

Exposition of Facts. By A. Y. P. Garnett, M. D.

Errata. — In the remarks of Dr. Knight and Dr. Cutler on a specimen of aortic aneurism, page 564 of this volume, for "mitral" (line thirteen) read "aortic;" for "auricle" (line sixteen) read "aorta;" and for "mitral" (line seventeen) read "aortic." The Editors are not responsible for these errors.